

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Operations Section Chief**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item

Date Completed

Qualified Air Operations Branch Director or Ground Branch Director

At least 21 years of age

The above listed member has completed the required prerequisite training for the operations section chief specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the operations section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Advanced Training**Evaluator's CAPID and  
Date Completed

Task

Complete Task O-4110 Demonstrate the ability to manage tactical operations

Complete Task O-4111 Demonstrate the development of the operations  
portion of the Incident Action PlanComplete Task O-4112 Demonstrate the execution of the operations  
portion of the Incident Action Plan

Complete Task P-0101 Demonstrate the ability to keep a log

Complete Task P-3113 Demonstrate requesting additional resources to  
support operationsComplete Task P-3126 Demonstrate releasing resources from active  
assignmentsComplete Task L-0001 Basic Communications Procedures for ES  
Operations

Complete Flight Release Officer Training

Complete the appropriate portion of CAPT 117, *Emergency Services  
Continuing Education examinations***Exercise Participation**The above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on  
mission number \_\_\_\_\_.\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE\_\_\_\_\_  
DATEThe above listed member satisfactorily participated as an operations section chief trainee under my direct supervision on  
mission number \_\_\_\_\_.\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE\_\_\_\_\_  
DATE**Unit Certification and Recommendation**The above listed member has completed the requirements for the operations section chief specialty qualification and is  
authorized to serve in that specialty on training or actual missions.\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE\_\_\_\_\_  
DATE